DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **NEUROSURGICAL DEVICE FOR THERMAL THERAPY**

the specification of which:	(check one)		•			
is attached hereto)					
X was filed on: 10/0 and was amende	<u>4/01</u> as application No. <u>09</u> d on (if ap	9/971,072 pplicable)				
I hereby state that I have claims, as amended by ar	reviewed and understand ny amendment referred to	the contents of th above.	e above identified specification, including the			
I acknowledge the duty to with 37 CFR 1.56.	disclose information which	n is material to the	patentability of this application in accordance			
certificate listed below and	of foreign priority under 3 have also identified below the application the priority	any foreign applic	foreign application(s) for patent or inventor's cation for patent or inventor's certificate having ed:			
Prior Foreign Application(s): None						
(Number)	(Country)	(Filing Date)	Priority Claimed			
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
(Application Serial #) 60/238,314	(Filing Date) October 05, 200	00	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. Yes NoX			
and, insofar as the subject application in the manne information material to the	matter of each of the claim r provided by the first pa	is of this application ragraph of 35 US ation as defined in 3	f any United States application(s) listed below n is not disclosed in a listed prior United States SC 112, I acknowledge the duty to disclose 37 CFR 1.56 which occurred between the filing g date of this application			
(Application Serial #)	(Filing Date)		(Status)			
I hereby declare that all st	atements made herein of	my own knowleda	e are true and that all statements made on			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorneys, all members of the bar, and all located at the firm of Gunster, Yoakley & Stewart, P.A., 500 East Broward Boulevard, Suite 1400, Fort Lauderdale, FL 33394 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

John Christopher, Registration No. 37,596 Jason S. Crush, Registration No. 40,972 Alan M. Weisberg, Registration No. 43,982

Send corresponde	nce to:	IP Administrator Gunster, Yoakley & Ste Suite 1400, 500 East B Ft. Lauderdale, Florida	roward Blvd.			
Direct all telephone calls to:		John Christopher, Esq. (954) 462-1314				
FULL NAME OF INVENTOR'S SIG CITIZENSHIP: RESIDENCE:	United States of Ar	seld James	DATE:	14 Jano2		
POST OFFICE ADDRESS: 38 Depot Road, Hampton Falls, New Hampshire 03844						
FULL NAME OF INVENTOR'S SIG CITIZENSHIP:	(SECOND) INVENT SNATURE: United States of Ar	Man Jac	DATE:	01/07/02		
RESIDENCE:	65 Anderson Street, Apt. #3A, Boston, Massachusetts 02108					
POST OFFICE ADDRESS:	65 Anderson Street, Apt. #3A, Boston, Massachusetts 02108					
FULL NAME OF	(THIRD) INVENTOF	₹:				
INVENTOR'S SIGNATURE: DATE			DATE:			
CITIZENSHIP:						
RESIDENCE:		· · · · · · · · · · · · · · · · · · ·				
POST OFFICE						

ADDRESS:

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